

FROM THE DIRECTOR



March, which is designated as Brain Injury awareness month, has come and gone again for another year. Here at Headway we commemorated the Month with a four session workshop for caregivers of people with TBI and other cognitive disorders. We also posted reminders and information on our social media sites and Web Page. New York Brain Injury Association and the national association also had events and information commemorating the month. Despite these efforts, I received multiple questions about why coverage wasn't there, both locally and nationally which other named month's receive.

What could be some of the reasons for this inattention? Why does Brain Injury not get the respect and attention that it deserves? Perhaps Brain Injury does not have well known political agenda. Perhaps the term Brain Injury is too broad and does not capture the complexity and individuality of Brain Injury. I believe that Brain Injury, because of its seemingly random nature, has a high fear factor for the public, and the impulse to deny it happens. I have also seen in individuals that have some type of Brain Injury, a fear that they will not be considered as a whole person and discounted in society so they keep their situation secret.

Headway is here to provide a safe place that recognizes the challenges and provides opportunities to confront the presence of Brain Injury. A place to gather support to face the unfortunate reality of its existence, and a place seeking to identify the best resources to deal with it and connect to those in need.

Ronald Fernandez, RRDS, LMHC, CRC /RETD.
Director

NEW EMPLOYEE HIRES 2024

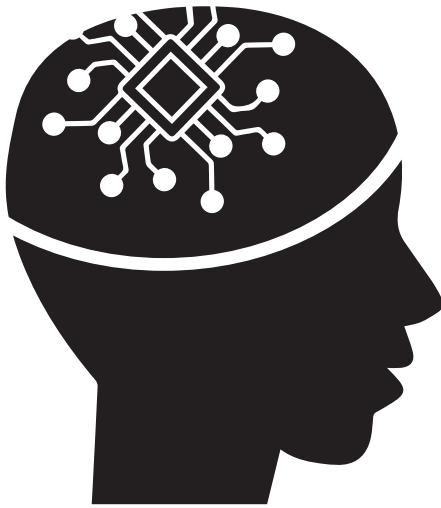


Jackie Ettipio RN/ NE comes from 30+ years working as an RN in a hospital setting and 14 years working in the emergency room. She also has experience working as a nurse in homecare as well as the prison system. Outside of work Jackie tends to her 35 chickens, a few ducks, some geese and her German Shepard. Walking the land several times a week, Jackie enjoys finding herbs on the land to make teas, tinctures, elixirs and remedies. Working with animals and the land reminds her to slow down and appreciate the simple joys of life. She feels very blessed and is grateful to be part of the Headway of WNY team.



Alexis Swanson is Headway's newest RRDS. Alexis holds a bachelor's degree in psychology as well as a master's degree in Mental Health Counseling, both obtained from Medaille University. Prior to working at Headway, Alexis held a job as a Child Care Therapy Aide working with children with developmental and behavioral problems for just over two years. After work she loves to spend time with her two children or curl up with a good book. Alexis has a passion for helping people and is excited to make a difference here at Headway.

STANFORD MEDICINE BRAIN IMPLANT



A study led by researchers from Stanford Medicine has revealed promising results in treating the cognitive impairments stemming from moderate to severe traumatic brain injuries (TBI) through a novel deep brain stimulation technique tailored to individuals who suffered a TBI. Participants with enduring cognitive deficits from TBIs sustained years prior were recruited for the study and advanced techniques to precisely place stimulation devices in the brain were utilized. Results of the study show that participants experienced significant improvements in focus, memory, and mood following the implantation of a device deep within the brain.

Through precise calibration of electrical activity, the device stimulated networks affected by the injury, leading to notable enhancements in cognitive function and emotional regulation. Following a titration phase to optimize stimulation, participants underwent a 90-day treatment period during which they demonstrated remarkable improvements in mental processing speed. The therapy not only surpassed researchers' predicted outcomes but also significantly transformed participants' daily lives, enabling them to resume activities previously hindered by their injuries. The success of this trial marks a pivotal moment in neurological research, with implications for the development of targeted therapies to enhance cognitive function and quality of life for individuals affected by traumatic brain injuries.

These advancements offer hope for the millions of Americans living with long-lasting cognitive impairments from TBIs, providing a pioneering approach to address a critical unmet need in neurological rehabilitation.

*Judy Hutson:
Retired RRDS Lead reflects on her life in service*

Judy Hutson is a Licensed Clinical Social Worker (Ret.), holds a Nursing Home Administration Licensure and has worked in the healthcare field for over 41 years. She served as Clinical Director of Northwest Community Mental Health Center and was an administrator of ECMC's Nursing Home. She was a Fulbright Scholar and taught at University of Buffalo. As a former Lead RRDS for Headway of WNY. She reflects on her life in the helping profession.

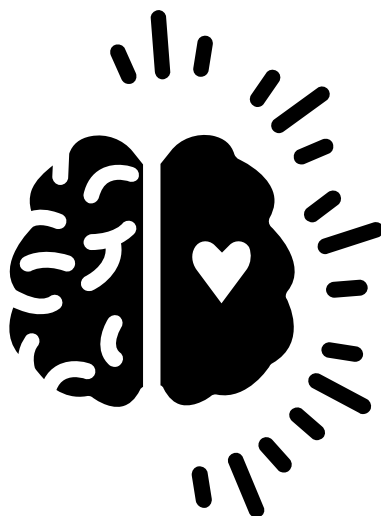


1. What was your experience working at Headway of WNY like?

I had the pleasure to work as the Lead WNY Regional Resource Development Specialist for Headway in the NHTD Waiver Program. I read Community Care Plans for accuracy and to determine if the client assessment in terms of needs and abilities matched the community plans. The best part of the job was the contact with clients and families, and helping them and their Service Providers solve problems.

2. How does your experience in counseling and working on the administration side of things inform your understanding of TBI and Senior Care?

The basic theories and practices of counseling are applicable to all life situations. The key is to find what works with an individual, and in order to do that, one has to establish a trusting relationship with that person. A person with Alzheimer's dementia can benefit from one approach, a person with TBI may need a different approach. These same principles are inherent in the administration and management of programs and people: employees should be treated differently in the context of their abilities, while conforming to the policies of the company.



3. What types of issues do you see today with TBI in healthcare and our culture?

Today's issues with TBI in health care are that the TBI population is greatly underserved. There is a need in the community for TBI services for everyone who needs help who cannot access services due to lack of eligibility for Medicaid and an inability to self pay for daily services, if that person is living at home for example. There is a lack of trained personnel who can effectively work with TBI clients and there is a lack of knowledge of how to work with the TBI client. A friend of mine with TBI said the hardest part for her was that her disability was not visible, not obvious at first, but that people noticed and remarked that she had some odd ways about her. The general public is uneducated and uninformed about the level of need for the clients and their families. I do believe that Western NY should be proud of Headway and efforts of that program to reach out and serve this population.

4. What types of systemic change do you feel are important with brain injury recovery and care?

In terms of systematic change, I would create a separate department for TBI in the Department of Health and address the issue of need state wide, with corresponding funding for day programs, clinics, education, staff training, etc. While this may be a lofty goal, it can be achieved. Several years ago Alzheimer's dementia was virtually unknown and today it is a well known and well funded national organization. I would like to see TBI services do the same.

5. What issues do you see today in senior care?

There are many issues in senior care. Nursing home care is suffering from lack of ability of the bureaucracy to change the way services are delivered, overregulation, lack of understanding

of how to care for older people on the part of politicians and government. The Pioneer movement which originated in Rochester NY, made several inroads into culture change in nursing homes and a few nursing homes made the change. One example is Beechwood Homes in Getzville, NY, which is more home like and humane than the nursing home institution. Another issue is that nursing homes are understaffed.

6. What type of systemic changes do you feel are important within the area of senior care?

The whole system of how nursing home care is regulated and provided needs to be changed. The "nursing" aspect of care is not the primary type of care people need. Yes, they need some nursing care, but they also need human contact, age appropriate activities (not just Bingo), spiritual care. They need to be allowed to be as independent as possible, to feel self worth, to accomplish something, not just be looked at as the sick or demented person in a room. They need to feel some control of their lives, to make decisions, to have choices, even small ones like what do they want to eat and when. Lastly, I believe there should be more community living opportunities available to all seniors regardless of their ability to pay.

7. What do you miss most about working in the field?

Social Work gives one the opportunity to help others, and that's what I miss the most.

8. What are some challenges within our healthcare system and how would you reform them?

I have addressed this to some extent, but in order to have change in the system you have to eliminate the bureaucracy that is now established and focuses on perpetuating itself rather than on serving people. In order to do that you have to have a grass roots movement or enlightened leadership at the top.

9. Do you feel it's important for people to be able to live in their homes? If so why?

People want to live in their own homes because it is a familiar place, there is comfort and security, and others around to help. However, in some cases, living in the community is dangerous because there is no family support and the person would be at risk if left alone. A few people adapt well to nursing home living, but will often say they would rather be home. If we could make nursing homes more home like, we would make a huge step forward. I believe that people should stay in their own homes for as long as possible because this is where they belong and not warehoused in an institution.

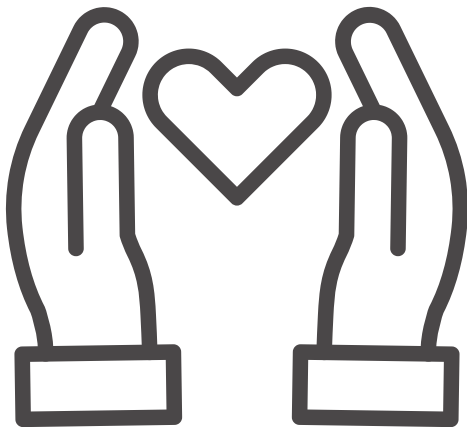
12. What mantra do you live by?

I live by my Christian beliefs.

13. Words of wisdom?

Social Work is a great profession. I'm glad I was able to contribute for a number of years. The problems of humanity are not going to be solved, but we can alleviate some of the suffering.

Caregivers of Brain Injury Survivors: Workshop Re-cap



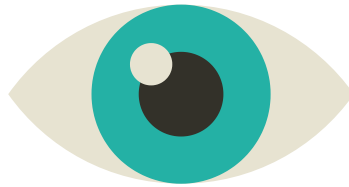
Headway of WNY organized a series of workshops throughout March 2024 in honor of Brain Injury Awareness Month. The workshops focused on caregivers of brain injury survivors. These workshops aimed to provide crucial support, resources, and knowledge to individuals who were navigating the challenges of caring for loved ones affected by brain injury.

Led by Director, Ron Fernandez, these sessions covered various aspects of caregiving, such as coping strategies, accessing community resources, understanding medical and psychological factors. Caregivers shared their personal experiences during the workshop, which created a foundation of solidarity and support among participants. Topics included emotional support post-diagnosis, accessing services, therapy options, and embracing progress. The workshops aimed to empower caregivers with knowledge and tools to navigate the challenges of caring for loved ones with brain injuries, while providing a supportive platform for caregivers to share experiences, gain knowledge, and find solace in community.

Join our mailing list and stay up to date on current events: www.headwayofwny.org under the “get involved” tab.

Integrative and Alternative Healing: *EMDR*

In each newsletter, Headway will be presenting integrative and alternative therapies, which may be helpful in dealing with Brain Injury and Other Cognitive Disorders.



EMDR, or Eye Movement Desensitization and Reprocessing, is a psychotherapy technique that helps individuals process traumatic memories by utilizing bilateral brain stimulation, such as eye movements or taps. It aims to alleviate distress associated with traumatic memories by facilitating the brain's natural healing mechanisms.

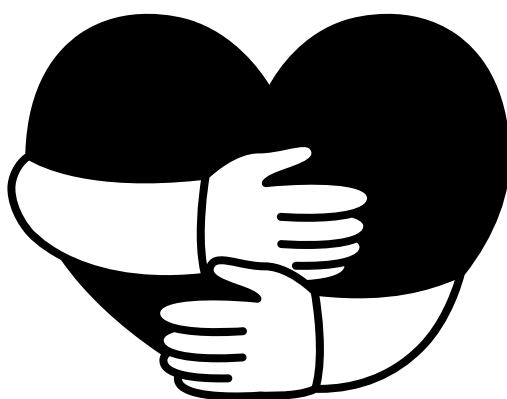
This therapy holds significant importance in the realm of brain injury rehabilitation due to its potential to address the emotional and psychological aftermath of such trauma. Individuals who have experienced brain injuries often grapple with a range of challenges, including cognitive impairments, emotional distress, and psychological issues like anxiety and PTSD. It offers a specialized approach to help process and integrate traumatic memories, emotions, and cognitive distortions associated with the injury. Its non-verbal nature and flexibility make it particularly suitable for individuals with communication or cognitive deficits resulting from brain injury.

In a study by Janssen et al. (2023) researchers found that EMDR was an effective treatment for patients with post brain injury PTSD as treatment doesn't rely solely on cognitive function and can be done on a short-term basis. It was also shown to be effective in brain injury patients with comorbid disorders. Studies have shown that psychological treatment for PTSD increase memory function and how this correlate to brain injury patients is to be determined. While further research is needed, the promising therapeutic effects of EMDR suggest it could play a vital role in enhancing the overall well-being and recovery of individuals impacted by brain injury.

Reference

Janssen, E. P. J., Spauwen, P. J. J., Rijnen, S. J. M., & Ponds, R. W. H. M. (2023). Exploration of eye movement desensitization and reprocessing in treating posttraumatic stress-disorder in patients with acquired brain injury: a retrospective case series. *European Journal of Psychotraumatology*, 14(2), 2264117–2264117.
<https://doi.org/10.1080/20008066.2023.2264117>

Brain Injury Peer Support Group



Headway offers a Brain Injury Peer Support Group that meets every first and third Wednesday of the month from 2-3pm EST through our telehealth online platform. The support group offers a vital space for individuals navigating the challenges of brain injury to connect, share experiences, and find strength in community. Through shared stories, members can gain valuable insights, reassurance, and encouragement to persevere through the ups and downs of their recovery process. Within this safe environment, participants find community in knowing they are not alone in their journey. If you're interested in joining, please email support@headwayofwny.org or call 716-408-3110 and please leave a call back number.



SOCIAL MEDIA



Follow our Instagram and Facebook page to learn more about our TBI and NHTD waiver programs and reminders for our TBI and other cognitive conditions peer support group. We offer tips on brain injury recovery such as different types of rehab services, foods that promote wellness and recovery, organization events and updates. As we grow our community network, we appreciate you sharing our social media posts and spreading the word. Your support means a lot to us! @headwayofwny